

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 05/22/2017		Bureau/Station/Facility: Compton Station		Admin. Invest? <input type="checkbox"/>	Hit? <input checked="" type="checkbox"/>
Incident Information					
URN: 015-11699-2847-057		Date: 09-28-15		Time: 1556 hours	
City or Station: Compton Station		Nature of Incident: Deputies responded to the location in response to a man with a gun call. When they contacted the suspect, he drew a pistol and began to point it toward the deputies, who shot the suspect.			
Location: South Atlantic Drive, Compton, Ca.					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:	Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 3-5 feet	Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Stun Gun <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input checked="" type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Total # of Shots Fired by Deputy 6		Total # of Shots Fired by Suspect 0			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Berardi	Robert	F.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Mitry	Nabeel	S.		

PSD Use Only
SH # 2387545

Rollout Information				
Arrival Date	09/28/15	Arrival Time	1739 hours	Date Submitted
				Date of Recommendation
Employee #		Last Name	Flores	First Name
				David
				M.I.
				NMI
Employee #		Last Name	Carrasco	First Name
				Jesus
				M.I.
				NMI
Employee #		Last Name	Martin	First Name
				Daniel
				M.I.
				W.
Shooting / Force Information				

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon: Hand/Arm
(CH)	Choke Hold	(PP)	Personal Weapon: (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon: (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(GE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

(RM) Refused Med Treatment
(NN) NONE

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Strong			Dru		E.		
	Sex: M	Race: W	Rank: Bonus I		Unit Assignment: Compton Station		Work Assignment (Unit #, Module, etc.): 281E			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 8		Duty Time (hrs): 1300-2300		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 510		Height: 165		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm	# Shots: 3	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			
E 2	Employee #		Last Name			First Name		M.I.		
			Goodwin			Steven		J.		
	Sex: M	Race: W	Rank: DSG		Unit Assignment: Compton Station		Work Assignment (Unit #, Module, etc.): 281E			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6-7		Duty Time (hrs): 1300-2100		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 605		Height: 330		Range Qualification Date: 03/16/15		PPC Qualification Date: 06/24/15		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand: Heckler & Koch		Caliber: .45	# Shots: 3	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			

Officer Involved Shooting Suspect Information

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Suspect Information												
S 1	Last Name			Cantor			First Name		Aurelio		M.I.	NMI
	AKA Last Name						First Name				M.I.	
	Sex:	M	Race:	H	Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:	38	D.O.B.	09/19/78	Height:	507	Weight:	190	FBI #	CII #		
	Booking #		4466578		Primary Charge:		245(D)(1) PC		Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input checked="" type="checkbox"/>		Substance Used:	Alcohol, marijuana, meth.
	Armed?		<input checked="" type="checkbox"/>		Apprehended?		<input checked="" type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make		Infinity		Model:		G35		Year:		2003	
	Parole:				Probation:				Prior Felony Conviction:			
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:		Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.		Height:		Weight:		FBI #	CII #		
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make				Model:				Year:			
	Parole:				Probation:				Prior Felony Conviction:			
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:		Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.		Height:		Weight:		FBI #	CII #		
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make				Model:				Year:			
	Parole:				Probation:				Prior Felony Conviction:			
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:		Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.		Height:		Weight:		FBI #	CII #		
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make				Model:				Year:			
	Parole:				Probation:				Prior Felony Conviction:			

Los Angeles County Sheriff's Department

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Non-Employee Witnesses

[illegible]